

AO 435 (Rev. 10/23)				ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:	
Please Read Instructions:							
1. NAME Eleanor Hauth-Schmid			2. PHONE NUMBER (202) 843-6254		3. DATE 3/31/2025		
4. DELIVERY ADDRESS OR EMAIL eleanor.hauth-schmid@tr.com			5. CITY Eagan		6. STATE MN		7. ZIP CODE 55121
8. CASE NUMBER 6:23-bk-60507		9. JUDGE Patrick Radel		DATES OF PROCEEDINGS			
				10. FROM 3/18/2025		11. TO 3/18/2025	
12. CASE NAME The Roman Catholic Diocese of Ogdensburg				LOCATION OF PROCEEDINGS			
				13. CITY Utica		14. STATE New York	
15. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Hearing		03/18/2025	
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
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7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
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Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE Eleanor Hauth-Schmid				PROCESSED BY			
19. DATE 3/31/2025				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY J&J Court Transcribers, Inc email: jjcourt@jjcourt.co				COURT ADDRESS			
ORDER RECEIVED	DATE	BY					
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00	

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BANKRUPTCY COURT
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